



GEORGIA STATE BOARD OF NURSING HOME ADMINISTRATORS

237 Coliseum Drive * Macon, Georgia 31217-3858

Phone (478) 207-2440

www.sos.state.ga.us/plb/nursinghome

APPLICATION TO REQUEST ACTIVE STATUS OF INACTIVE NURSING HOME ADMINISTRATOR LICENSE

Please read the instructions carefully and be familiar with the laws and rules governing the practice of Nursing Home Administrators in the State of Georgia.

Visit the web site for information:

****Important****

The Board will not process incomplete applications. If any item is missing, incomplete or incorrect, your application cannot be reviewed by the Board. Please review this application before you submit it to ensure that all required information and documentation is complete and correct. An incomplete application will result in delayed processing. Incomplete applications are void after one year and will result in a new application and fee.

Application Checklist

The following checklist is an important part of your application. Please use this checklist to ensure that you submit a **COMPLETE** application.

The \$200.00 non-refundable application fee payable to **Georgia State Board of Nursing Home Administrators** must be included with application. Checks returned for insufficient funds will be assessed a service charge pursuant to O.C.G.A. §16-9-20.

- ☐ **NOTARIZED APPLICATION:** The application must be mailed to the Board's office at the address listed above, along with your **FEE**. All questions must be answered. Any question answered "yes" requires further documentation to be submitted. Attach copies of official court documents and an explanation if you have had any criminal convictions or charges, or sanctions by another state licensing board. Approval of licensure is at the Board's discretion.
- ☐ **CONTINUING EDUCATION:** If inactive 12 months or less, but not more than 24 months, submit 40 hours of CE obtained since the last active renewal period. If inactive 24 months, but less than 36 months, submit 80 hours of CE obtained since the last active renewal period. If inactive more than 36 months, meet current requirements and either submit 80 hours of CE obtained since the Board's last renewal period, **OR**, take and pass national exam.

NOTE: If the inactive licensee holds an active license from a state named on the Georgia Boards "approved state's" list, and has been actively employed for one year as a Nursing Home Administrator prior to the date of submitting this "Reactivation" application, then the applicant should submit the application, the fee, and verification of an active, current license from the approved state or jurisdiction in which the license is held.

PART IV – PROFESSIONAL BACKGROUND

Instructions: If you answer yes to any of the following questions, attach an explanation, relevant documents and a description of the current status. For the purpose of the following questions, the terms “licensee,” “registration,” and “certification” are synonymous.

☐ Yes ☐ No Have you had revoked or suspended or otherwise sanctioned any license issued to you by any board or agency in Georgia or any other state?

☐ Yes ☐ No Were you denied issuance of or, pursuant to disciplinary proceedings, refused renewal of a license or the privilege of taking an examination by any state licensing board?

☐ Yes ☐ No Have you knowingly failed to renew a license during an investigation of disciplinary action?

☐ Yes ☐ No Have you been subject to disciplinary action or had your membership revoked by a professional organization governing the practice of that profession?

☐ Yes ☐ No To the best of your knowledge, is there any disciplinary action pending against you by any licensing board or professional organization?

☐ Yes ☐ No Have you been arrested, charged or sentenced for the commission of a felony or any crime involving moral turpitude?

☐ Yes ☐ No Are you currently unable to practice with reasonable skill and safety by reason of illness or use of alcohol, drugs, narcotics, chemicals or any other type of material, or as a result of any mental or physical condition?

☐ Yes ☐ No Have you had any suit filed against you related to the practice of a profession?

☐ Yes ☐ No Have you ever had your Medicaid and /or Medicare privileges restricted or revoked?

☐ Yes ☐ No Have you ever been convicted of a felony or misdemeanor (other than a traffic violation), entered a plea under a first offender provision?

PART V –EMPLOYMENT

WORK EXPERIENCE: (*Note: Applicant must indicate last type of work experience since license was placed on “inactive status”- List additional work experience on a separate page)

Name of Facility _____ Job title _____

Facility Address _____
Street City State Zip

Employment Dates: From _____ To _____

Duties _____

YOU MUST SIGN THIS AFFIDAVIT IN THE PRESENCE OF A NOTARY

I hereby swear and affirm that all information provided in this application is true and correct to the best of my knowledge and belief. I further swear and affirm that I have read and understand the current state laws and rules and regulations of the Georgia State Board of Nursing Home Administrators, and I agree to abide by these laws and rules, as amended from time to time.

By signing this application, electronically or otherwise, I hereby swear and affirm one of the following to be true and accurate pursuant to O.C.G.A. § 50-36-1:

- 1) _____ I am a United States citizen 18 years of age or older. **Please submit a copy of your current Secure and Verifiable Document(s) such as driver's license, passport, or other document as indicated on pages 5 & 6 of this application.**
- 2) _____ I am **not** a United States citizen, but I am a legal permanent resident of the United States 18 years of age or older, or I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act 18 years of age or older with an alien number issued by the Department of Homeland Security or other federal immigration agency. **Please submit a copy of your current immigration document(s) which includes either your Alien number or your I-94 number and, if needed, SEVIS number (See pages 5 & 6 of this application).**

In making the above attestation, I understand that any failure to make full and accurate disclosures may result in disciplinary action by the Georgia State Board of Nursing Home Administrators and/or criminal prosecution.

Signature of Applicant

Date

Sworn to and subscribed before me this

_____ day of _____ 20_____

(Notary Seal)

Notary Public Signature

My Commission Expires: _____

NOTE to NOTARY: Application must be signed with Proper ID.

APPLICANT: PLEASE CHECK THE FORM OF IDENTIFICATION BELOW THAT YOU POSSESS. RETURN THIS FORM ALONG WITH A COPY OF YOUR APPROPRIATE DOCUMENTATION.

(Printed Name of Applicant)

Secure and Verifiable Documents Under O.C.G.A. § 50-36-2

Issued August 1, 2011 by the Office of the Attorney General, Georgia

The Illegal Immigration Reform and Enforcement Act of 2011 (“IIREA”) provides that “not later than August 1, 2011, the Attorney General shall provide and make public on the Department of Law’s website a list of acceptable secure and verifiable documents. The list shall be reviewed and updated annually by the Attorney General.” O.C.G.A. § 50-36-2(f). The Attorney General may modify this list on a more frequent basis, if necessary.

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

_____ A United States passport or passport card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A United States military identification card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A driver’s license issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ An identification card issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____ A tribal identification card of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer. A listing of federally recognized Native American tribes may be found at:
<http://www.bia.gov/WhoWeAre/BIA/OIS/TribalGovernmentServices/TribalDirectory/index.htm> [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A United States Permanent Resident Card or Alien Registration Receipt Card [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____An Employment Authorization Document that contains a photograph of the bearer [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A passport issued by a foreign government [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Merchant Mariner Document or Merchant Mariner Credential issued by the United States Coast Guard [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Free and Secure Trade (FAST) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A NEXUS card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A Secure Electronic Network for Travelers Rapid Inspection (SENTRI) card [O.C.G.A. § 50-36-2(b)(3); 22 CFR § 41.2]

_____A driver's license issued by a Canadian government authority [O.C.G.A. § 50-36-2(b)(3); 8 CFR § 274a.2]

_____A Certificate of Citizenship issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-560 or Form N-561) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____A Certificate of Naturalization issued by the United States Department of Citizenship and Immigration Services (USCIS) (Form N-550 or Form N-570) [O.C.G.A. § 50-36-2(b)(3); 6 CFR § 37.11]

_____In addition to the documents listed herein, if, in administering a public benefit or program, an agency is required by federal law to accept a document or other form of identification for proof of or documentation of identity, that document or other form of identification will be deemed a secure and verifiable document solely for that particular program or administration of that particular public benefit. [O.C.G.A. § 50-36-2(c)]

NURSING HOME ADMINISTRATOR * AFFIDAVIT OF APPLICANT

Please document with your initials that you have reviewed each of the resources listed below. Have the Affidavit notarized and return to the NHA Board, 237 Coliseum Drive, Macon, Georgia 31217-3858.

- _____ Department of Community Health, Division of Medical Assistance, Part I Policies and Procedures; Part II Policies and Procedures Applicable to Nursing Facility Services (Chapter 600-1100 and Appendices) www.dch.state.ga.us
- _____ Georgia State Board of Nursing Home Administrators Law (OCGA 43-27-11)
- _____ Georgia statutes regarding Living Will, Durable Power of Attorney for Health Care, Withholding or withdrawal of life-sustaining procedures (OCGA Section 31)
- _____ Determination of residences of decedent in care of nursing home at time of death (OCGA 53-1-5)
- _____ Fire Safety Codes (OCGA 25-2-13{d, e and f})
- _____ OCGA Title 31 pertaining to Department of Human Resources with particular attention to sections pertaining to Long Term Care Facilities

OFFICIAL CODE OF GEORGIA ANNOTATED (OCGA)

All statutory requirements are accessible via

http://www.legis.state.ga.us/cgi-bin/gl_codes_detail.pl?code=1-1-1

- _____ Nursing Homes (Chapter 290-5-8)
- _____ Long Term Care Facilities: Resident's Bill of Rights (Chapter 290-5-39)
- _____ Rules of Georgia State Board of Nursing Home Administrators (Chapter 393-1 to 393-13)
- _____ Disaster Preparedness Plans (Chapter 290-5-45)
- _____ Food Service (Chapter 290-5-14)

GEORGIA RULES pertaining to nursing homes are accessible via

<http://www.ganet.org/rules/index.cgi?base=393>

Date: _____ (Printed) name of Applicant: _____ (Signature of Applicant)

Sworn to and subscribed before me this
____ day of _____, 20____,

Signature of Notary Public _____

My commission expires _____

Notary Seal